

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI**

IN RE: PHILLIP BRET CAMPBELL
, Debtor(s)

Case No. 25-11685-SDM
CHAPTER 7

TO: AFFECTED CREDITORS:

List of affected creditors attached.

TRUSTEE: Case Trustee

U. S. TRUSTEE: USTPRegion05.JA.ECF@usdoj.gov

NOTICE TO EACH ADDED CREDITOR, TRUSTEE AND U.S. TRUSTEE

PLEASE TAKE NOTICE that the undersigned debtor(s) has filed an amendment to the bankruptcy schedules to add one or more additional creditors, which said amendment lists the creditor noticed hereby as an additional scheduled creditor in the above captioned bankruptcy case.

Within twenty-one (21) days of the date of this notice, the added creditor has the right to request of the U.S. Trustee, United States Courthouse, 501 East Court Street, Suite 6-430, Jackson, Mississippi 39201, an adjourned §341(a) creditors' meeting (see copy of original meeting notice enclosed) if the added creditor wishes to examine the debtor(s) under oath.

The added creditor has the right within sixty (60) days of the date of this notice to file a complaint objecting to the discharge of the debtor(s), or a complaint to determine the dischargeability of a debt, or to file a motion requesting an extension of time to file such a complaint, unless a longer period of time is provided by the Federal Rules of Bankruptcy Procedure.

If this is a CHAPTER 7, 12 OR 13 case and the attached §341 meeting notice contains language "Please Do Not File a Proof of Claim Unless You Receive a Notice to Do So", then, you do not need to file a claim at this time. However, if the notice contains a Proof of Claim deadline, as an added creditor you have 70 days from the date of mailing of this notice to file a Proof of Claim.

If this is a CHAPTER 11 case, you have the right to file a proof of claim by the bar date indicated on the attached §341 meeting notice or 30 days from the date of mailing of this notice, whichever is later.

PLEASE TAKE NOTICE ALSO that the undersigned debtor(s) and/or the debtor(s)' attorney is required to send a copy of the amended schedule to each added creditor, to the case trustee and to the U.S. Trustee.

Date: July 30, 2025

/s/ Thomas C. Rollins, Jr.
Thomas C. Rollins, Jr.

Affirm, Inc. Attn: Bankruptcy 650 California St Fl 12 San Francisco, CA 94108	Love's 2202 W Hefner Rd Oklahoma City, OK 73120	Terrance Magsby 369 Magsby Rd Coahoma, MS 38617
Cleveland State Bank PO Box 1000 110 Commerce Ave Cleveland, MS 38732	Matt Griffin 112 Mamie Lee Rd Inverness, MS 38753	Tim Ford 907 W Park Rd Greenville, MS 38701
Conner Johnson 458 Smith Rd Cleveland, MS 38732	Motive Eld 55 Hawthorn St, Ste 500 San Francisco, CA 94105	Tim Johnson 458 Smith Rd Cleveland, MS 38732
Darrian Burnett 407 N Broadway St. Drew, MS 38737	Motive 55 Hawthorne St Ste 400 San Francisco, CA 94105	Trailer Sales of Memphis 3394 Fontaine Rd Memphis, TN 38116
Eric Hull 113 Dean St Cleveland, MS 38732	Pilot Fuel Card 5508 Lonas Rd Knoxville, TN 37909	Truist Bank P.O. Box 85092 Richmond, VA 23286
Fioranelli Fabrication 3845 US 61 Cleveland, MS 38732	PT Corporation 201 E Sunflower Rd #12 Cleveland, MS 38732	US Bank, NA P.O. Box 108 Saint Louis, MO 63166-0108
General Truck 1973 East Brooks Road PO Box 161202 Memphis, TN 38186	Richard Prince 248 S Third St Drew, MS 38737	USAA Federal Attn: Bankruptcy 9800 Fredericksburg Road San Antonio, TX 78288
Genesis FS Card Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076	Smart Freight Funding 2477 River Rd Stanton, TN 38069	Webb Trucking, LLC 501 Arrington Rd Texarkana, TX 75503

Information to identify the case:			
Debtor 1:	Phillip Bret Campbell		
	First Name	Middle Name	Last Name
Debtor 2:			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court:	Northern District of Mississippi		
Case number:	25-11685-SDM		
	Social Security number or ITIN:	xxx-xx-7321	
	EIN:	--_-----	
	Social Security number or ITIN:	-----	
	EIN:	--_-----	
	Date case filed in chapter:	13	5/28/25
	Date case converted to chapter:	7	7/7/25

Official Form 309B (For Individuals or Joint Debtors)

Notice of Chapter 7 Bankruptcy Case -- Proof of Claim Deadline Set

10/20

For the debtors listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors or the debtors' property. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

The debtors are seeking a discharge. Creditors who assert that the debtors are not entitled to a discharge of any debts or who want to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadlines specified in this notice. (See line 9 for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at <https://pacer.uscourts.gov>).

The staff of the bankruptcy clerk's office cannot give legal advice.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the court.

	About Debtor 1:	About Debtor 2:
1. Debtor's full name	Phillip Bret Campbell	
2. All other names used in the last 8 years		
3. Address	1214 Waverly Ave Cleveland, MS 38732	
4. Debtor's attorney Name and address	Thomas C. Rollins Jr. The Rollins Law Firm, PLLC PO BOX 13767 Jackson, MS 39236	Contact phone 601-500-5533
5. Bankruptcy trustee Name and address	Jeffrey A. Levinston P.O. Box 1327 Cleveland, MS 38732	Contact phone 662-843-2791

For more information, see page 2 >

Debtor **Phillip Bret Campbell**

Case number **25-11685-SDM**

6. Bankruptcy clerk's office	Cochran U.S. Bankruptcy Courthouse 703 Highway 145 North Aberdeen, MS 39730	Hours open: 8:00 a.m. – 5:00 p.m., Monday through Friday Contact phone 662-369-2596 Date: 7/23/25
Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at https://pacer.uscourts.gov .		
7. Meeting of creditors	August 29, 2025 at 09:00 AM The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket.	Location: Zoom video meeting, Go to Zoom.us/join, Enter Meeting ID 716 630 6326, and Passcode 0927170336, OR call (662) 367-4366 For additional meeting information go to www.justice.gov/ust/moc
Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend. Creditors may attend, but are not required to do so.		
8.	Presumption of abuse	The presumption of abuse does not arise.
	If the presumption of abuse arises, you may have the right to file a motion to dismiss the case under 11 U.S.C. § 707(b). Debtors may rebut the presumption by showing special circumstances.	
9. Deadlines	File by the deadline to object to discharge or to challenge whether certain debts are dischargeable: You must file a complaint: <ul style="list-style-type: none">if you assert that the debtor is not entitled to receive a discharge of any debts under any of the subdivisions of 11 U.S.C. § 727(a)(2) through (7), orif you want to have a debt excepted from discharge under 11 U.S.C § 523(a)(2), (4) or (6). You must file a motion: <ul style="list-style-type: none">if you assert that the discharge should be denied under § 727(a)(8) or (9). Deadline for all creditors to file a proof of claim (except governmental units): Deadline for governmental units to file a proof of claim: Deadlines for filing proof of claim: <p>A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be obtained at www.uscourts.gov or any bankruptcy clerk's office. If you do not file a proof of claim by the deadline, you might not be paid on your claim. To be paid, you must file a proof of claim even if your claim is listed in the schedules that the debtor filed.</p> <p>Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits the creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.</p> Deadline to object to exemptions: <p>The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.</p>	Filing deadline: 10/28/25 Filing deadline: 9/15/25 Filing deadline: 1/5/26 Filing deadline: 30 days after the conclusion of the meeting of creditors
The bankruptcy clerk's office must receive these documents and any required filing fee by the following deadlines.		
10. Creditors with a foreign address	If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.	
11. Liquidation of the debtor's property and payment of creditors' claims	The bankruptcy trustee listed on the front of this notice will collect and sell the debtor's property that is not exempt. If the trustee can collect enough money, creditors may be paid some or all of the debts owed to them in the order specified by the Bankruptcy Code. To ensure you receive any share of that money, you must file a proof of claim as described above.	
12. Exempt property	The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors. Debtors must file a list of property claimed as exempt. You may inspect that list at the bankruptcy clerk's office or online at https://pacer.uscourts.gov . If you believe that the law does not authorize an exemption that the debtors claim, you may file an objection. The bankruptcy clerk's office must receive the objection by the deadline to object to exemptions in line 9.	

Fill in this information to identify your case:

Debtor 1 **Phillip Bret Campbell**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF MISSISSIPPI**

Case number **25-11685**
(if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Internal Revenue Servi Priority Creditor's Name Centralized Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$69,599.40	\$62,243.01	\$7,356.39

Business Trust Fund Taxes. Being paid through debtor's chapter 11 case

Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

<div style="border: 1px solid black; padding: 2px; text-align: center;">2.2</div>	Internal Revenue Servi Priority Creditor's Name Centralized Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number _____ \$22,864.19	\$20,453.80	\$2,410.39
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Internal Revenue Service		

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Total claim	
<div style="border: 1px solid black; padding: 2px; text-align: center;">4.1</div>	Affirm, Inc.*** Nonpriority Creditor's Name Attn: Bankruptcy 650 California St FI 12 San Francisco, CA 94108 Number Street City State Zip Code	Last 4 digits of account number _____ \$4,432.00
When was the debt incurred? _____		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.2	American Express Nonpriority Creditor's Name P.O. Box 981537 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$5,494.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Non-consumer debt. Guarantee of Business Debt owed by Campbell Family Enterprises, Inc. <input checked="" type="checkbox"/> Other. Specify _____
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4.3	AMUR Nonpriority Creditor's Name PO Box 911685 Denver, CO 80291-1685 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$67,976.50 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Non-consumer debt. Guarantee of Business Debt owed by Campbell Family Enterprises, Inc. <input checked="" type="checkbox"/> Other. Specify _____
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4.4	BCU Nonpriority Creditor's Name Attn: Bankruptcy 340 N Milwaukee Ave Vernon Hills, IL 60061 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0003 \$20,334.00 When was the debt incurred? Opened 01/24 Last Active 02/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Unsecured
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.5	BCU Nonpriority Creditor's Name Attn: Bankruptcy 340 N. Milwaukee Avenue Vernon Hills, IL 60061 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5857</u> When was the debt incurred? <u>Opened 10/23 Last Active 01/25</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>\$1,867.00</u>
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4.6	BCU Nonpriority Creditor's Name Attn: Bankruptcy 340 N Milwaukee Ave Vernon Hills, IL 60061 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0002</u> When was the debt incurred? <u>Opened 10/22 Last Active 02/25</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Non-consumer debt. Unsecured</u>	<u>\$1,267.00</u>
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4.7	Best Egg Nonpriority Creditor's Name Attn: Bankruptcy Po Box 42912 Philadelphia, PA 19101 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0847</u> When was the debt incurred? <u>Opened 01/24 Last Active 12/01/24</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Non-consumer debt. Unsecured</u>	<u>\$6,137.28</u>
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

<div style="border: 1px solid black; padding: 2px;">4.8</div>	Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1193 When was the debt incurred? Opened 04/22 Last Active 01/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Charge Account	\$474.03
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<div style="border: 1px solid black; padding: 2px;">4.9</div>	Capital One Nonpriority Creditor's Name Po Box 31293 Salt Lake City, UT 84131 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2114 When was the debt incurred? Opened 12/15 Last Active 01/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$484.09
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<div style="border: 1px solid black; padding: 2px;">4.1 0</div>	CFG Merchant Solutions Nonpriority Creditor's Name 180 Maiden Lane Floor 15 New York, NY 10038 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Non-consumer debt. Guarantee of Business Debt owed by Campbell Family Enterprises, Inc. <input checked="" type="checkbox"/> Other. Specify _____	\$12,000.00
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.1 1	CFNA Nonpriority Creditor's Name Attn: Bankruptcy Po Box 81315 Cleveland, OH 44181 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3528</u> \$3,052.15 When was the debt incurred? <u>Opened 10/22 Last Active 1/09/25</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Non-consumer debt. Charge Account</u>
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4.1 2	Chase Nonpriority Creditor's Name PO Box 15548 Wilmington, DE 19886 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$20,834.72 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Non-consumer debt. Personall guaranteed business debt</u>
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4.1 3	Cleveland State Bank Nonpriority Creditor's Name PO Box 1000 110 Commerce Ave Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Guarantee of Business Debt owed by Campbell Family Enterprises, Inc.</u>
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.1 4	Cleveland State Bank*** Nonpriority Creditor's Name PO Box 1000 110 Commerce Ave Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$15,831.64 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personally guaranteed business loan
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4.1 5	Cleveland State Bank*** Nonpriority Creditor's Name PO Box 1000 110 Commerce Ave Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$111,747.81 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personally guaranteed business loan
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4.1 6	Cleveland State Bank*** Nonpriority Creditor's Name PO Box 1000 110 Commerce Ave Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$16,168.35 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personally guaranteed business loan
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.1 7	Cleveland State Bank*** Nonpriority Creditor's Name PO Box 1000 110 Commerce Ave Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$24,692.02 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personally guaranteed business loan
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4.1 8	Cleveland State Bank*** Nonpriority Creditor's Name PO Box 1000 110 Commerce Ave Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$11,915.44 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personally guaranteed business loan
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4.1 9	Cleveland State Bank*** Nonpriority Creditor's Name PO Box 1000 110 Commerce Ave Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$29,052.74 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personally guaranteed business loan
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.2 0	Conner Johnson*** Nonpriority Creditor's Name 458 Smith Rd Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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4.2 1	Creditors Relief Nonpriority Creditor's Name 333 Sylvan Ave Suite 105 Englewood Cliffs, NJ 07632 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Repair
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4.2 2	Darrian Burnett*** Nonpriority Creditor's Name 407 N Broadway St Drew, MS 38737 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 3</div>	Drbank/upst Nonpriority Creditor's Name P.o. Box 1503 San Carlos, CA 94070 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7308 \$1,511.81 When was the debt incurred? Opened 12/20/24 Last Active 1/20/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Unsecured
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 4</div>	ECSI Nonpriority Creditor's Name Attn Bankruptcy 1200 Cherrington Pkwy Ste 200 Coraopolis, PA 15108 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number R24A \$1,236.53 When was the debt incurred? Opened 08/13 Last Active 1/06/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify
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Educational

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 5</div>	Eric Hull*** Nonpriority Creditor's Name 113 Dean St Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number Unknown When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.2 6	Fioranelli Fabrication*** Nonpriority Creditor's Name 3845 US 61 Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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4.2 7	General Truck*** Nonpriority Creditor's Name 1973 East Brooks Road PO Box 161202 Memphis, TN 38186 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$4,290.30 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personall guaranteed business debt
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4.2 8	Genesis FS Card Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7749 \$1,044.29 When was the debt incurred? Opened 11/23 Last Active 01/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.2 9	Genesis FS Card Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8062 When was the debt incurred? Opened 08/22 Last Active 01/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$414.24
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4.3 0	Genesis FS Card*** Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$825.93
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4.3 1	Goldman Sachs Bank USA Nonpriority Creditor's Name Attn: Bankruptcy Po Box 70379 Philadelphia, PA 19176 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7167 When was the debt incurred? Opened 10/20 Last Active 12/27/24 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$638.00
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.3 2</div>	Jertavian Mccain Nonpriority Creditor's Name 202 S Oak Ruleville, MS 38771 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.3 3</div>	Love's*** Nonpriority Creditor's Name 2202 W Hefner Rd Oklahoma City, OK 73120 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$8,068.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personall guaranteed business debt
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.3 4</div>	Mariner Finance Nonpriority Creditor's Name Attn: Bankruptcy 8211 Town Center Dr Nottingham, MD 21236 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9720 \$9,619.00 When was the debt incurred? Opened 03/24 Last Active 12/21/24 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Unsecured
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.3 5	Matt Griffin*** Nonpriority Creditor's Name 112 Mamie Lee Rd Inverness, MS 38753 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.	Unknown
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4.3 6	Motive Eld*** Nonpriority Creditor's Name 55 Hawthoren St, Ste 500 San Francisco, CA 94105 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.	Unknown
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4.3 7	Motive*** Nonpriority Creditor's Name 55 Hawthorne St Ste 400 San Francisco, CA 94105 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personall guaranteed business debt	\$6,008.63
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.3 8	Navient Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0202 \$14,860.00 When was the debt incurred? Opened 02/24 Last Active 12/05/24 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ Educational
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4.3 9	Netcredit Nonpriority Creditor's Name Attn: Bankruptcy Dept 175 W Jackson Blvd Ste 1000 Chicago, IL 60604 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6619 \$5,588.17 When was the debt incurred? Opened 01/24 Last Active 12/31/24 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Check Credit Or Line Of Credit
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4.4 0	North Mill Equipmet Fi Nonpriority Creditor's Name PO Box 77840 Springfield, OH 45501 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$57,277.03 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Guarantee of Business Debt owed by Campbell Family Enterprises, Inc.
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.4 1	OneMain Financial Nonpriority Creditor's Name Attn: Bankruptcy Po Box 142 Evansville, IN 47701 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1084 When was the debt incurred? Opened 08/24 Last Active 12/08/24 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Unsecured	\$12,113.41
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4.4 2	Pilot Fuel Card*** Nonpriority Creditor's Name 5508 Lonas Rd Knoxville, TN 37909 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.	Unknown
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4.4 3	PT Corporation*** Nonpriority Creditor's Name 201 E Sunflower Rd #12 Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.	Unknown
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.4 4	Richard Prince*** Nonpriority Creditor's Name 248 S Thrd St Drew, MS 38737 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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4.4 5	Smart Freight Funding*** Nonpriority Creditor's Name 2477 River Rd Stanton, TN 38069 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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4.4 6	Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9326 \$1,159.00 When was the debt incurred? Opened 09/24 Last Active 1/06/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Charge Account
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.4 7</div>	Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965064 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8394 \$525.00 When was the debt incurred? Opened 11/24 Last Active 01/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.4 8</div>	Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8783 \$94.00 When was the debt incurred? Opened 01/18 Last Active 1/06/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.4 9</div>	Terrance Magsby*** Nonpriority Creditor's Name 369 Magsby Rd Coahoma, MS 38617 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number Unknown When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.5 0	Tim Ford*** Nonpriority Creditor's Name 907 W Park Rd Greenville, MS 38701 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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4.5 1	Tim Johnson*** Nonpriority Creditor's Name 458 Smith Rd Cleveland, MS 38732 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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4.5 2	TopMark Funding, LLC Nonpriority Creditor's Name 516 Gibson Dr., Suite 160 Roseville, CA 95678 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Guarantee of Business Debt owed by Campbell Family Enterprises, Inc.
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.5 3</div>	Trailer Sales of Memphis*** Nonpriority Creditor's Name 3394 Fontaine Rd Memphis, TN 38116 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ Unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.5 4</div>	Truist Bank*** Nonpriority Creditor's Name P.O. Box 85092 Richmond, VA 23286 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$27,420.24 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personally guaranteed business debt
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.5 5</div>	United First Nonpriority Creditor's Name 299 NE 191st Street Miami, FL 33180 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$16,165.53 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Guarantee of Business Debt owed by Campbell Family Enterprises, Inc.
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.5 6	US Bank, NA*** Nonpriority Creditor's Name P.O. Box 108 Saint Louis, MO 63166-0108 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$24,003.52 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Personally guaranteed business debt
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4.5 7	USAA Federal Nonpriority Creditor's Name Attn: Bankruptcy 9800 Fredericksburg Road San Antonio, TX 78288 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8671 \$13,232.00 When was the debt incurred? Opened 11/23 Last Active 12/24 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt. Unsecured
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4.5 8	USAA Federal*** Nonpriority Creditor's Name Attn: Bankruptcy 9800 Fredericksburg Road San Antonio, TX 78288 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$511.36 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
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Debtor 1 **Phillip Bret Campbell**

Case number (if known) **25-11685**

4.5 9	Volvo Financial Servic Nonpriority Creditor's Name PO Box 7247-0236 Philadelphia, PA 19170 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$48,121.15 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Non-consumer debt.
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address Internal Revenue Servi c/o US Attorney 501 East Court St Ste 4.430 Jackson, MS 39201	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.1</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
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Last 4 digits of account number

Name and Address US Attorney General US Dept of Justice 950 Pennsylvania AveNW Washington, DC 20530-0001	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>2.1</u> of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
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Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	92,463.59
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	92,463.59
		Total Claim	
Total claims from Part 2	6f. Student loans	6f. \$	16,096.53
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	592,391.38
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	608,487.91

CERTIFICATE OF SERVICE

I, Thomas C. Rollins, Jr., Attorney for the above listed Debtor(s), do hereby certify that I have this date mailed a true and correct copy of the above Notice to Creditors, a copy of the §341 meeting notice, and the amended schedule(s) to the affected creditor(s), case trustee, if applicable, and U. S. Trustee at the above listed address(es).

Date: July 30, 2025

/s/ Thomas C. Rollins, Jr.

Thomas C. Rollins, Jr. (Bar No. 103469)

The Rollins Law Firm

P.O. Box 13767

Jackson, MS 39236

(601) 500-5533

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

IN RE:

PHILLIP BRET CAMPBELL

CASE NO: 25-11685-SDM

**DECLARATION OF MAILING
CERTIFICATE OF SERVICE**

Chapter: 7

On 7/30/2025, I did cause a copy of the following documents, described below,
Notice to Creditors

to be served for delivery by the United States Postal Service, via First Class United States Mail, postage prepaid, with sufficient postage thereon to the parties listed on the mailing list exhibit, a copy of which is attached hereto and incorporated as if fully set forth herein.

I caused these documents to be served by utilizing the services of BK Attorney Services, LLC d/b/a certificateofservice.com, an Approved Bankruptcy Notice Provider authorized by the United States Courts Administrative Office, pursuant to Fed.R.Bankr.P. 9001(9) and 2002(g)(4). A copy of the declaration of service is attached hereto and incorporated as if fully set forth herein.

Parties who are participants in the Courts Electronic Noticing System ("NEF"), if any, were denoted as having been served electronically with the documents described herein per the ECF/PACER system.

DATED: 7/30/2025

/s/ Thomas C. Rollins, Jr.
Thomas C. Rollins, Jr. 103469
Attorney at Law
The Rollins Law Firm
702 W. Pine Street
Hattiesburg, MS 39401
601 500 5533
trollins@therollinsfirm.com

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

IN RE:
PHILLIP BRET CAMPBELL

CASE NO: 25-11685-SDM

**CERTIFICATE OF SERVICE
DECLARATION OF MAILING**

Chapter: 7

On 7/30/2025, a copy of the following documents, described below,
Notice to Creditors

were deposited for delivery by the United States Postal Service, via First Class United States Mail, postage prepaid, with sufficient postage thereon to the parties listed on the mailing list exhibit, a copy of which is attached hereto and incorporated as if fully set forth herein.

The undersigned does hereby declare under penalty of perjury of the laws of the United States that I have served the above referenced document(s) on the mailing list attached hereto in the manner shown and prepared the Declaration of Certificate of Service and that it is true and correct to the best of my knowledge, information, and belief.

DATED: 7/30/2025



Miles Wood
BK Attorney Services, LLC
d/b/a certificateofservice.com, for
Thomas C. Rollins, Jr.
The Rollins Law Firm
702 W. Pine Street
Hattiesburg, MS 39401

AFFIRM INC
ATTN BANKRUPTCY
650 CALIFORNIA ST
FL 12
SAN FRANCISCO CA 94108

LOVE S
2202 W HEFNER RD
OKLAHOMA CITY OK 73120

TERRANCE MAGSBY
369 MAGSBY RD
COAHOMA MS 38617

CLEVELAND STATE BANK
PO BOX 1000
110 COMMERCE AVE
CLEVELAND MS 38732

MATT GRIFFIN
112 MAMIE LEE RD
INVERNESS MS 38753

TIM FORD
907 W PARK RD
GREENVILLE MS 38701

CONNER JOHNSON
458 SMITH RD
CLEVELAND MS 38732

MOTIVE ELD
55 HAWTHOREN ST STE 500
SAN FRANCISCO CA 94105

TIM JOHNSON
458 SMITH RD
CLEVELAND MS 38732

DARRIAN BURNETT
407 N BROADWAY ST
DREW MS 38737

MOTIVE
55 HAWTHORNE ST STE 400
SAN FRANCISCO CA 94105

TRAILER SALES OF MEMPHIS
3394 FONTAINE RD
MEMPHIS TN 38116

ERIC HULL
113 DEAN ST
CLEVELAND MS 38732

PILOT FUEL CARD
5508 LONAS RD
KNOXVILLE TN 37909

TRUIST BANK
PO BOX 85092
RICHMOND VA 23286

FIORANELLI FABRICATION
3845 US 61
CLEVELAND MS 38732

PT CORPORATION
201 E SUNFLOWER RD 12
CLEVELAND MS 38732

US BANK NA
PO BOX 108
SAINT LOUIS MO 63166

RICHARD PRINCE
248 S THIRD ST
DREW MS 38737

USAA FEDERAL
ATTN BANKRUPTCY
9800 FREDERICKSBURG ROAD
SAN ANTONIO TX 78288

GENESIS FS CARD
ATTN BANKRUPTCY
PO BOX 4477
BEAVERTON OR 97076

SMART FREIGHT FUNDING
2477 RIVER RD
STANTON TN 38069

WEBB TRUCKING LLC
501 ARRINGTON RD
TEXARKANA TX 75503

CASE INFO
LABEL MATRIX FOR LOCAL NOTICING
05371
CASE 25-11685-SDM
NORTHERN DISTRICT OF MISSISSIPPI
ABERDEEN
WED JUL 30 10-35-56 CDT 2025

AMUR
PO BOX 911685
DENVER CO 80291-1685

AFFIRM INC
RESURGENT CAPITAL SERVICES
PO BOX 10587
GREENVILLE SC 29603-0587

ALLY CAPITAL
AIS PORTFOLIO SERVICES LLC
4515 N SANTA FE AVE DEPT APS
OKLAHOMA CITY OK 73118-7901

ALLY CAPITAL CO AIS PORTFOLIO SERVICES
LLC
4515 N SANTA FE AVE DEPT APS
OKLAHOMA CITY OK 73118-7901

ALLY FINANCIAL INC
ATTN BANKRUPTCY
PO BOX 380901
BLOOMINGTON IL 55438-0901

AMERICAN EXPRESS
PO BOX 981537
EL PASO TX 79998-1537

(P)BAXTER CREDIT UNION
COLLECTION DEPARTMENT
PO BOX 8133
VERNON HILLS IL 60061-8133

BEST EGG
ATTN BANKRUPTCY
PO BOX 42912
PHILADELPHIA PA 19101-2912

CFG MERCHANT SOLUTIONS
180 MAIDEN LANE
FLOOR 15
NEW YORK NY 10038-5150

CFNA
ATTN BANKRUPTCY
PO BOX 81315
CLEVELAND OH 44181-0315

CREDIT FIRST NA
PO BOX 818011
CLEVELAND OH 44181-8011

DEBTOR
PHILLIP BRET CAMPBELL
1214 WAVERLY AVE
CLEVELAND MS 38732-4139

CAPITAL ONE
ATTN BANKRUPTCY
PO BOX 30285
SALT LAKE CITY UT 84130-0285

CAPITAL ONE
PO BOX 31293
SALT LAKE CITY UT 84131-0293

CAPITAL ONE NA
BY AIS INFOSOURCE LP AS AGENT
PO BOX 71083
CHARLOTTE NC 28272-1083

CLEVELAND STATE BANK
PO BOX 1000
CLEVELAND MS 38732-1000

CLEVELAND STATE BANK
110 COMMERCE AVE
CLEVELAND MS 38732-2736

CLEVELAND STATE BANK
PO BOX 1000
110 COMMERCE AVE
CLEVELAND MS 38732-2736

CLEVELAND STATE BANK
CO ARNULFO U LUCIANO
JACKS GRIFFITH LUCIANO PA
PO BOX 1209
CLEVELAND MS 38732-1209

CREDITORS RELIEF
333 SYLVAN AVE
SUITE 105
ENGLEWOOD CLIFFS NJ 07632-2705

DRBANKUPST
PO BOX 1503
SAN CARLOS CA 94070-7503

(P)ECSEI FEDERAL PERKINS LOAN SERVICER
ATTN DEPARTMENT OF EDUCATION
1200 CHERRINGTON PARKWAY
SUITE 200
MOON TWP PA 15108-4354

GENESIS FS CARD
ATTN BANKRUPTCY
PO BOX 4477
BEAVERTON OR 97076-4401

GOLDMAN SACHS BANK USA
ATTN BANKRUPTCY
PO BOX 70379
PHILADELPHIA PA 19176-0379

GULFCO OF MISSISSIPPI LLC
PO BOX 320001
FLOWOOD MS 39232-0001

INTERNAL REVENUE SERVI
CENTRALIZED INSOLVENCY
PO BOX 7346
PHILADELPHIA PA 19101-7346

INTERNAL REVENUE SERVI
CO US ATTORNEY
501 EAST COURT ST
STE 4430
JACKSON MS 39201-5025

(P)JEFFERSON CAPITAL SYSTEMS LLC
PO BOX 7999
SAINT CLOUD MN 56302-7999

LIFT FUND
2014 S HACKBERRY
SAN ANTONIO TX 78210-3541

ARNULFO U LUCIANO
JACKS GRIFFITH LUCIANO PA
PO BOX 1209
CLEVELAND MS 38732-1209

MALLORY CAMPBELL
1214 WAVERLY AVE
CLEVELAND MS 38732-4139

MARINER FINANCE
ATTN BANKRUPTCY
8211 TOWN CENTER DR
NOTTINGHAM MD 21236-5904

MISSISSIPPI DEPARTMENT OF REVENUE
BANKRUPTCY SECTION
POST OFFICE BOX 22808
JACKSON MS 39225-2808

NAVIENT
ATTN BANKRUPTCY
PO BOX 9635
WILKES BARRE PA 18773-9635

NETCREDIT
175 W JACKSON BLVD
SUITE 600
CHICAGO IL 60604-2948

NETCREDIT
ATTN BANKRUPTCY DEPT
175 W JACKSON BLVD
STE 1000
CHICAGO IL 60604-2863

NORTH MILL EQUIPMENT FI
PO BOX 77840
SPRINGFIELD OH 45501-7840

ONEMAIN FINANCIAL
ATTN BANKRUPTCY
PO BOX 142
EVANSVILLE IN 47701-0142

ONEMAIN FINANCIAL GROUP LLC
PO BOX 3251
EVANSVILLE IN 47731-3251

PLANET HOME LENDING
321 RESEARCH PARKWAY
SUITE 303
MERIDEN CT 06450-8342

QUANTUM3 GROUP LLC AS AGENT FOR
CONCORA CREDIT INC
PO BOX 788
KIRKLAND WA 98083-0788

RESURGENT CAPITAL SERVICES AS SERVICIN
AGEN
RESURGENT CAPITAL SERVICES
PO BOX 10587
GREENVILLE SC 29603-0587

~~EXCLUDE~~

~~THOMAS C ROLLINS JR
THE ROLLINS LAW FIRM PLLC
PO BOX 13767
JACKSON MS 39236-3767~~

SNAPON CREDIT
ATTN BANKRUPTCY
2801 80TH STREET
KENOSHA WI 53143-5656

(P)SNAP ON CREDIT
950 TECHNOLOGY WAY
SUITE 301
LIBERTYVILLE IL 60048-5339

SYNCHRONY BANK
ATTN BANKRUPTCY
PO BOX 965060
ORLANDO FL 32896-5060

SYNCHRONY BANK
ATTN BANKRUPTCY
PO BOX 965064
ORLANDO FL 32896-5064

TOPMARK FUNDING LLC
516 GIBSON DR
SUITE 160
ROSEVILLE CA 95678-5792

(P)TOWER LOAN
P O BOX 320001
FLOWOOD MS 39232-0001

U S ATTORNEY
NORTHERN DISTRICT OF MISSISSIPPI
900 JEFFERSON AVENUE
OXFORD MS 38655-3608

~~EXCLUDE~~

~~U S TRUSTEE
501 EAST COURT STREET SUITE 6430
JACKSON MS 39201-5022~~

US ATTORNEY GENERAL
US DEPT OF JUSTICE
950 PENNSYLVANIA AVENW
WASHINGTON DC 20530-0001

US DEPARTMENT OF EDUCATION
PO BOX 16448
ST PAUL MN 55116-0448

USAA FEDERAL
ATTN BANKRUPTCY
9800 FREDERICKSBURG ROAD
SAN ANTONIO TX 78288-0002

USAA FEDERAL SAVINGS BANK
ROBERTSON ANSCHUTZ SCHNEID
CRANE PARTNERS PLLC
6409 CONGRESS AVENUE SUITE 100
BOCA RATON FL 33487-2853

UNITED FIRST
299 NE 191ST STREET
MIAMI FL 33180

UPSTART NETWORK INC
PO BOX 1931
BURLINGAME CA 94011-1931

~~EXCLUDE~~

VOLVO FINANCIAL SERVIC
PO BOX 72470236
PHILADELPHIA PA 19170-0001

~~MIRANDA L WILLIFORD~~
~~CHAPTER 7 TRUSTEE~~
~~613 CHILDS STREET~~
~~CORINTH~~
~~MS 38834 4810~~

GENERAL TRUCK
1973 EAST BROOKS ROAD
PO BOX 161202
MEMPHIS, TN 38186